

COMPLIANCE CHECKLIST

► Neonatal Intensive Care Unit

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.	<input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.
E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.	W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

NICU Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.4.1.4**ACCESS

- (1) ☐ Convenient access from: emergency dept, respiratory therapy, laboratory, radiology, surgical suite
- (2) ☐ Prompt access to NICU by emergency resuscitation teams
- (3) ☐ Space arrangement allows access of emergency equipment from other departments
- (4) ☐ Located to avoid through traffic

A3.4.6.1

- Efficient access to unit from labor/delivery suite

(1)**3.4.6.1**

- ☐ Family entrance
- ☐ Reception area
 - ☐ visual control of family entrance
- ☐ Controlled access to all entrances to NICU

3.4.6.1PATIENT BED AREAS

- ☐ Multibed space
 - ☐ check if no multibed space in project
- (2) ☐ min. 120 sf (excluding sinks & aisle)
- ☐ min. 8'-0" clearance between beds
- (8)(f) ☐ min. 2'-0" from outside windows
- ☐ min. 4'-0" wide access aisle
- (4) ☐ provisions for privacy
- (6) ☐ handwashing station within 20 feet of each bed
- ☐ Single bed patient room
 - (2) ☐ min. 120 sf (excluding sinks)
 - (8)(f) ☐ min. 2'-0" from outside windows
 - ☐ min. 8'-0" wide access corridor
 - (4) ☐ provisions for privacy
 - (6) ☐ handwashing station in patient room
- (8)(f) ☐ Outside window providing natural light
 - ☐ insulating glass
 - ☐ cleanable & opaque blinds
- (3) ☐ Viewing windows
 - ☐ check if no viewing windows in unit
 - ☐ restricted viewing of infants
- (5) ☐ Control station
 - ☐ space for counters & storage
- (7) ☐ Noise control (background noise & transient noise)
- ☐ Min. 1 door to each room 44" wide (for X-ray equipment)

- ☐ Vent. min. 6 air ch./hr
- ☐ 3 OX, 3 VAC, 3 MA per NICU bed

Lighting:

- ☐ indirect ambient lighting & high intensity lighting
- ☐ adjustable lighting for each patient bed
- ☐ no direct ambient lighting over NICU beds

Power:

- ☐ Min. 7 electrical duplex receptacles at head of each bed
- ☐ 50% of receptacles on emergency power

Nurse Call System:

- ☐ Emergency assistance staff station at bed side

- ☐ Convenient access to handwashing station

2.1- ARCHITECTURAL REQUIREMENTS

3.4.2.2 AIRBORNE INFECTION ISOLATION ROOM
(also complete **3.4.6.1** "PATIENT BED AREAS")

3.2.2.3 Single bed patient room

8.2.3.4(3) Monolithic ceiling **or** Washable clipped-down ceiling tiles

3.2.2.4(1) Entry through work area:
alcove directly inside the room **or** alcove directly outside the room
handwashing station
clean storage
soiled holding

3.2.2.4(2) Door self-closing

3.4.6.3 DIAGNOSTIC, TREATMENT & SERVICE AREAS

(located outside the NICU)

- Respiratory Therapy
- Blood Gas Lab
- Developmental Therapy
- Social Work
- Laboratory
- Pharmacy
- Radiology

3.4.2.4 SUPPORT AREAS

(located in the NICU)

(1) Documentation area
charting surface
access to information/communication systems

3.4.2.4(6) Space for patient monitoring equipment

3.4.2.4(2) Information review area
(b) charting surface
access to information/communication systems

3.4.6.4(2) Nurse/supervisor office or station

3.4.6.4(3) Staff & patient family multipurpose room

2.3.4 Medication station

Medicine prep. room **or** Self-contained medicine dispensing unit
visual control from nurses station
work counter
handwashing station
refrigerator
locked storage

Vent. min. 4 air ch./hr
Emergency power/lighting
Duty station visible call signal

3.4.2.4(7) X-Ray viewing facility

2.3.9.4 Emergency equipment storage

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

Mechanical ventilation (Table **2.1-2**):

Isolation room

- vent. positive to toilet
- vent. negative to work area
- min. 12 air ch./hr (exhaust)
- visual monitoring of room pressure & airflow direction

Work area (open or enclosed)

- vent. negative to corridor
- vent. positive to isol. room
- min. 10 air ch./hr
- all air exhausted directly to outdoors

2.1-**ARCHITECTURAL REQUIREMENTS****3.4.6.4(5)**

130.650(E)

(5)

☐ Lactation support & consultation room

convenient access to:

☐ counter☐ refrigerator/freezer☐ breast pump storage☐ Formula preparation room☐ check if formula is not prepared on-site☐ work counter & storage**3.4.6.4(9)**☐ Housekeeping room☐ dedicated to and directly accessible from NICU☐ storage for housekeeping equipment & supplies**2.3.7**☐ Clean workroom**or**☐ counter☐ handwashing station☐ storage facilities☐ Clean supply room

(for holding clean & sterile materials)

☐ storage facilities**2.3.8.1**☐ Soiled workroom☐ work counter☐ space for holding soiled linen & solid waste**3.4.6.5(1)****3.4.2.5(1)**

(a)

(c)

(d)

☐ Staff lounge☐ located for quick recall to patient bed areas☐ secure storage for staff personal items☐ staff nourishment facilities☐ Staff toilet room**3.4.6.5(2)**☐ Staff accommodations☐ on-call rooms☐ toilet room☐ shower**3.4.2.6(1)**☐ Visitor waiting room☐ sized for 1 seat per patient bed☐ convenient access to public telephones☐ provisions for privacy☐ public toilet room conveniently accessible from visitor lounge**3.4.6.6(2)**☐ Parent/infant room☐ private toilet room

130.650(E)(5)

☐ Sleeping space for parents**MECHANICAL/PLUMBING/****ELECTRICAL REQUIREMENTS**☐ Handwashing station☐ Handwashing station☐ Service sink☐ Vent. min. 10 air ch./hr (exhaust)☐ Vent. min. 4 air ch./hr☐ Duty station visible call signal☐ Clinical flushing-rim sink☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Duty station visible call signal☐ Duty station visible call signal (emergency code)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Telephone link with patient unit☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Emerg. pull-cord call station☐ Communication with NICU staff☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms

___ sufficient for ceiling mounted equipment min. clearance under suspended pipes/tracks:

___ 7'-0" AFF in bed/stretcher traffic areas

___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors swing-type (except to private patient rooms)

___ Patient room doors min. 7'-0" high

___ Doors to occupiable rms do not swing into corridors patient room doors (3.4.2.1(7)(a))

☐ check if all NICU beds are in multibed area

___ min. width 4'-0"

___ do not interfere with movement of beds/equipt. sliding doors to patient rooms

☐ check if no sliding doors are provided

___ no floor tracks

___ outswinging capability

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

Ceilings (3.4.6.1(7)(c))

___ washable ceiling tiles

___ gasketed or clipped-down joints

___ noise reduction coefficient min. 0.90

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ electronic sink controls connected to emergency power circuits (10.3.6.3)

☐ check if function not included in unit

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)